

**RECEIVED  
CENTRAL FAX CENTER**

OCT 15 2007

**FAX TRANSMISSION**

DATE: October 15, 2007

PTO IDENTIFIER: Application Number 10/675,406-Conf. #7796

Patent Number

Inventor: Deepa Eveleigh et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571)273-8300

FROM: EDWARDS ANGELL PALMER & DODGE LLP

Gabriel J. McCool

PHONE: (203) 975-7505

Attorney Dkt. #: 5138 [66816(S4716)]

PAGES (including Cover Sheet): 6

CONTENTS:

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

(Note: 1 month time extension was previously paid. Total EOT due = \$340.00)

Notice of Appeal (1 page)

Transmittal (1 page)

Fee Transmittal Form

Charge \$150.00 to deposit account 04-1105

Certificate of Transmission (2 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 239-0100 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP

P.O. Box 55874, Boston, Massachusetts 02205

Telephone: (617) 239-0100 Facsimile: (617) 227-4420

**RECEIVED**  
**CENTRAL FAX CENTER**  
OCT 15 2007

PTO/SB/07 (08-04)  
U. S. Patent and Trademark Office U. S. DEPARTMENT OF COMMERCE  
Under the Paperless Transition Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. [if known]: 10/875,406/CONF. # 7788

Attorney Docket No.: 5138 [6061654716]

### **Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on October 15, 2007  
Date



Deborah Clark  
Signature

Deborah Clark  
Typed or printed name of person signing Certificate

(203) 975-7505  
Telephone Number

Registration Number, if applicable

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page) (Note: 1 month time extension was previously paid. Total EOT due = \$340.00)  
Notice of Appeal (1 page)  
Transmittal (1 page)  
Fee Transmittal Form  
Charge \$850.00 to deposit account 04-1105

**RECEIVED  
CENTRAL FAX CENTER**

OCT 15 2007

<b>TRANSMITTAL FORM</b>					
Under the Patent or Trademark Act of 1952, no persons are required to respond to a solicitation of information unless it displays a valid DUNS control number.					
(To be used for all correspondence after Attny Reg)					
Total Number of Pages in This Submission					
<table border="1"> <tr> <td colspan="2"><b>ENCLOSURES (Check all that apply)</b></td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Fee Transmittal Form      <input type="checkbox"/> Drawing(s)      <input type="checkbox"/> After Allowance Communication  <input type="checkbox"/> Fee Attached      <input type="checkbox"/> Licensing-related Papers      <input type="checkbox"/> To TC  <input type="checkbox"/> Amendment/Reply      <input type="checkbox"/> Petition      <input type="checkbox"/> Appraisal Communication to Board of  <input type="checkbox"/> After Final      <input type="checkbox"/> Provisional Application      <input type="checkbox"/> Appeals and Interferences  <input type="checkbox"/> Affidavit/testimony(s)      <input type="checkbox"/> Power of Attorney, Revocation      <input type="checkbox"/> Appeal Notice, Brief, Reply Brief  <input type="checkbox"/> Extension of Time Request      <input type="checkbox"/> Change of Correspondence Address      <input type="checkbox"/> Status Letter  <input type="checkbox"/> Terminal Disclaimer      <input type="checkbox"/> Other Enclosure(s) (please identify below):    <input type="checkbox"/> Express Abandonment Request      <input type="checkbox"/> Proprietary Information      <input type="checkbox"/> Fax Transmission (Certificate of  <input type="checkbox"/> Information Disclosure Statement      <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Certified Copy of Priority Document(s)      <input type="checkbox"/> Landscape Table on CD  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application      <input type="checkbox"/> Remarks  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53             </td> </tr> </table>		<b>ENCLOSURES (Check all that apply)</b>		<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Fee Attached <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To TC <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Petition <input type="checkbox"/> Appraisal Communication to Board of <input type="checkbox"/> After Final <input type="checkbox"/> Provisional Application <input type="checkbox"/> Appeals and Interferences <input type="checkbox"/> Affidavit/testimony(s) <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Appeal Notice, Brief, Reply Brief <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Status Letter <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Fax Transmission (Certificate of <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Remarks <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	
<b>ENCLOSURES (Check all that apply)</b>					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Fee Attached <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To TC <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Petition <input type="checkbox"/> Appraisal Communication to Board of <input type="checkbox"/> After Final <input type="checkbox"/> Provisional Application <input type="checkbox"/> Appeals and Interferences <input type="checkbox"/> Affidavit/testimony(s) <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Appeal Notice, Brief, Reply Brief <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Status Letter <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Fax Transmission (Certificate of <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Remarks <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53					

<b>ENCLOSURES (Check all that apply)</b>	
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Drawing(s) <input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Fee Attached <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To TC <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Petition <input type="checkbox"/> Appraisal Communication to Board of <input type="checkbox"/> After Final <input type="checkbox"/> Provisional Application <input type="checkbox"/> Appeals and Interferences <input type="checkbox"/> Affidavit/testimony(s) <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Appeal Notice, Brief, Reply Brief <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Status Letter <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Other Enclosure(s) (please identify below):  <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Fax Transmission (Certificate of <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Reply to Missing Parts under <input type="checkbox"/> 37 CFR 1.52 or 1.53	
<p><b>• Note: A 1 month time extension was previously paid Total EOT due with this response is 13 Oct 07</b></p>	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP
Signature	
Printed name	Gabriel J. McCool
Date	October 15, 2007
	Reg. No. 58-423

**RECEIVED**  
**CENTRAL FAX CENTER**

**OCT 15 2007**

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

P-1058B1710K-07  
Approved for use through December 2007. OMB #161-0622  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

**FEE TRANSMITTAL**

**For FY 2007**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$)</b>	<b>850.00</b>
--	--------------------------------	--------------	---------------

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account Number: <u>Da-11105</u> Deposit Account Name: <u>Edwards Angel Palmer &amp; Dodge LLP</u>				
For the above identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fees under 37 CFR 1.16 and 1.17				

**FEES CALCULATION**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		SEARCH FEES		EXAMINATION FEES	
Application Type	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	100
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	80
Provisional	200	100	0	0	300

  

2. EXCESS CLAIM FEES		SEARCH FEES		EXAMINATION FEES	
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)					
Multiple dependent claims					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
14	-40 =	x	x		
NP = highest number of total claims plus one, greater than 20.					
Index-Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
3	-6 =	x	x		

\*NP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequences or computer listings under 37 CFR 1.52(e)), the application size fee due is \$550 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c).

**Total Sheets**      **Extra Sheets**      **Fee (\$)**      **Number of 100 sheet additional fee units/extra sheet**      **Fee (\$)**      **Fee Paid (\$)**

100 = \_\_\_\_\_ 50 = \_\_\_\_\_ (mark up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_ Fees Paid (\$)

**4. OTHER FEES**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \$25 Extension for response within second month\*\*\*  
Other (e.g., late filing surcharge): 1401 Notice of Appeal

\*\*\* A one-month extension of time fee was previously paid - EO1 fee due with this response is \$340.00

<b>SUBMITTED BY</b>	<b>Signature</b>	<b>Registration No. (Attorney/Agent)</b>	<b>Telephone</b>
Signature	<u>Edwards Angel Palmer &amp; Dodge</u>	58,423	(203) 675-7505
Name (Print/Type)	Gabriel J. McCool	Date	October 15, 2007

PAGE 4/6 • RCV'D AT 10/15/2007 2:25:08 PM [Eastern Daylight Time] • SVR:USPTO-EF-XRF-318 • DMS:Z38300 • CSD: • DURATION (MM:SS):01:40